

# Creekside Physical Therapy

Sports & Industry Specialists

Patient's Name \_\_\_\_\_

Referred by \_\_\_\_\_ Primary Physician \_\_\_\_\_

Diagnosis or Condition \_\_\_\_\_

Known Medical Conditions / Precautions \_\_\_\_\_

Frequency of Treatment: \_\_\_\_\_ times per week for \_\_\_\_\_ weeks

- \_\_\_\_\_ Evaluate and Treat
- \_\_\_\_\_ Therapeutic Exercises (Active, Passive, Resistive)
- \_\_\_\_\_ Aquatic Exercise Program
- \_\_\_\_\_ Functional Training (Gait, Balance, ADL)
- \_\_\_\_\_ Home Exercise / Education Program
- \_\_\_\_\_ Mechanical / Electrical Modalities (Ultrasound, Elec. Stim.,
- \_\_\_\_\_ Thermal Modalities (Moist Heat, Cold Pack, Ice Massage)
- \_\_\_\_\_ Traction (Pelvic, Cervical)
- \_\_\_\_\_ Functional Exercise Program  
to focus on \_\_\_\_\_
- \_\_\_\_\_ Other

Comments \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_